

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	S.2	48	09-05-01
O.I.P.E. CLASSIFIER			9/13/01
FORMALITY REVIEW	CV	503	10-04-01
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Final	Original	Date
1	✓	✓	7-30-01
2	✓	✓	7-30-01
3	✓	✓	7-30-01
4	✓	✓	7-30-01
5	✓	✓	7-30-01
6	✓	✓	7-30-01
7	✓	✓	7-30-01
8	✓	✓	7-30-01
9	✓	✓	7-30-01
10	✓	✓	7-30-01
11	✓	✓	7-30-01
12	✓	✓	7-30-01
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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10-04-01  
07/01